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\*\* CONTINUING DATA \*\*\*\*\* *None* *PTN*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *None* *PTN*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 02/18/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	NY	3	39	2
Verified and Acknowledged	<i>PTN</i>	Initials			

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## TITLE

Data collection device

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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